

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2003-2004 Performance
Agreements with
Area Authorities and County
Programs**

Report on the Third Quarter

January 1, 2004 - March 31, 2004

Prepared by

**Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



May-2004

2003-2004 Performance Agreement Third Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Authority or County Program and the Division. The creation of this new agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Authority or County Program fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2003-2004 is the fifth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the third quarter report under the 2003-2004 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the second quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Authority or County Program related to current or prior audit program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

Note: Area Authority or County Program are no longer required to submit reports to the Division under performance requirement for the following:

Fiscal Management 2:

- Revenue Adjustment Reports
- Volume of Service: Regular UCR, CTSP UCR, MR/MI UCR

Access to Service 1:

- Children in DSS Custody

Accordingly, these requirements are removed from the quarterly reporting system.

Appeal Process

If officials of an Area Authority or County Program believe that information contained in this report is in error, the Area Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Authority or County Program. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Authority Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Michael Moseley, Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2003-2004 Performance Agreement Report Schedule

May 2004

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		e. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		f. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		g. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Maintain accreditation by a nationally recognized accrediting body	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. Client Outcome Initiative (COI)	X	X	X	X
		c. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		d. Participate in the Developmental Disabilities Core Indicators Project			X	
		e. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		f. Maintain current, accurate computerized database reflecting content specified for individuals with developmental disabilities	X		X	
		g. Complete the NC SNAP				X
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Service Delivery	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

2003-2004 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver Local Management Entity Team Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mial Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team MSC 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Helen Wolstenholme, Best Practice Team	(919) 715-2774 Helen.Wolstenholme@ncmail.net	Best Practice Team 3005 Mail Service Center Raleigh, NC 27699-3005
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Cente Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	Betty Cogswell Information Systems Team	(919) 255-3718	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019

2003-2004 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation.	Shealy Thompson Quality Management Team	(919) 733-0696 Shealy.Thompson@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Maintain current, accurate computerized database reflecting content specified by the DD Section	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	Complete the NC SNAPP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
D. Service Delivery	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best Practices Team 3005 Mail Service Center Raleigh, NC 27699-3005
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.BakerI@ncmail.net	State Operated Services Team 3006 Mail Service Center Raleigh, NC 27699-3006

Fiscal Management 1 - Maintain Responsible Practices

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2

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Fiscal Management 2 - Quarterly Fiscal Monitoring Report

Performance Requirement: Submit all reports required by law, regulations or

Explanation: This report lists Area Program status regarding submission of

Area Program/County	1st Qtr FY 03-04 Report Received	2nd Qtr FY 03-04 Report Received	3rd Qtr FY 03-04 Report Received	4th Qtr FY 03-04 Cash-Basis Report Received	4th Qtr FY 03-04 Accrual- Basis Report Received	Comments
Alamance-Caswell	✓	✓				
Albemarle	✓	✓				
Blue Ridge	✓					
Catawba	✓	✓				
CenterPoint	✓	✓				
CrossRoads	✓	✓				
Cumberland	✓	✓				
Eastpointe	✓	✓				
Durham	✓					
Edgecombe-Nash	✓	✓				
Foothills	✓	✓				
Guilford	✓	✓				
Johnston	✓	✓				
Lee-Harnett	✓	✓				
Mecklenburg	✓	✓				
Neuse	✓	✓				
New River	✓	✓				
Onslow	✓	✓				
Orange-Person-Chatham	✓	✓				
Pathways	✓	✓				
Piedmont (Davidson)	✓	✓				
Pitt	✓	✓				
Randolph	✓					
RiverStone	✓	✓				
Roanoke-Chowan	✓	✓				
Rockingham	✓	✓				
Rutherford-Polk	✓	✓				
Sandhills	✓	✓				
Smoky Mountain	✓	✓				
Southeastern Center	✓	✓				
Southeastern Regional	✓	✓				
Tideland	✓	✓				
Trend	✓					
VGFW	✓	✓				
Western Highlands						
Wake	✓	✓				
Wilson-Greene	✓	✓				

3rd Quarter
reports are
not due until
the end of
the month
following the
quarter
(4/30/04)

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Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates.

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	*	X	X		* Approved to submit in October
Albermarle	X	X	X		
Catawba	X	X	X		
Centerpoint	X	X	X		
Crossroads	X	X	X		
Cumberland	X	X	X		
Durham	X	X	X		
Edgecombe-Nash/Riverstone/Wilson-Greene	X	X	X		
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	*	X	X		* Approved to submit in October
Foothills	X	X	X		
Guilford	X	X	X		
Johnston	X	X	X		
Lee-Harnett	X	X	X		
Mecklenburg	X	X	X		
Neuse	*	X	X		* Approved to submit in October
New River	X	X	X		
Onslow	X	X	X		
Orange-Person-Chatham	X	X	X		
Pathways	X	X	X		
Piedmont-Davidson	X	X	X		
Pitt	X	X	X		
Roanoke-Chowan	X	X	X		
Rockingham	*	X	X		* Approved to submit in October
Sandhills Center	X	X	X		
Smoky Mountain	X	X	X		
Southeastern Center	X	X	X		
Southeastern Regional	X	X	X		
Tideland	X	X	X		
Vance-Granville-Franklin-Warren	X	X	X		
Wake	X	X	X		
Western Highlands Network (Blue Ridge-Rutherford-Polk-Trend)	X	X	X		

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Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	35 (100%)	34 (97.1%)	29 (82.9%)		26 (74.3%)	21 (60%)	28 (80%)		34 (97.1%)	34 (97.1%)	29 (82.9%)	
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0 (0%)	1 (2.9%)	6 (17.1%)		9 (13.8%)	14 (21.5%)	7 (10.8%)		1 (1.5%)	1 (1.5%)	6 (9.2%)	
Alamance-Caswell	MAJORS	11/5/03	1/29/04	27-Apr		No	No	No		Yes	Yes	Yes	
Albemarle	Multi-Purpose GH	10/29/03	1/19/04	16-Apr		No	Yes	Yes		Yes	Yes	Yes	
Blue Ridge	Juvenile Detention	10/16/03	1/22/04	None		Yes	No	No		Yes	Yes	No	
	Youth Develop. Ctr.	10/16/03	1/22/04	None		Yes	No	No		Yes	Yes	No	
	BRIDGE Program	10/16/03	1/22/04	None		Yes	No	No		Yes	Yes	No	
CenterPoint	Juvenile Detention	10/29/03	1/22/04	None		No	No	No		Yes	Yes	No	
	MAJORS	10/29/03	1/22/04	None		No	No	No		Yes	Yes	No	
Cumberland	Juvenile Detention	10/23/03	1/14/04	20-Apr		No	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/23/03	1/14/04	20-Apr		No	Yes	Yes		Yes	Yes	Yes	
Durham	Juvenile Detention	10/28/03	1/21/04	None		No	No	No		Yes	Yes	No	
	MAJORS	10/9/03	2/2/04	20-Apr		Yes	No	Yes		Yes	Yes	Yes	
Eastpoint	Youth Develop. Ctr.	10/16/03	1/16/04	12-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	Multi-Purpose GH	10/19/03	1/20/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Foothills	Juvenile Detention	10/24/03	1/29/04	16-Apr		No	No	Yes		Yes	Yes	Yes	
Guilford	Juvenile Detention	10/9/03	1/13/04	15-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/14/03	1/6/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Mecklenburg	Juvenile Detention	10/20/03	None	07-Apr		Yes	No	Yes		Yes	No	Yes	
Neuse	Multi-Purpose GH	10/20/03	1/16/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/20/03	1/16/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Pathways	Juvenile Detention	10/20/03	1/20/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Piedmont	Youth Develop. Ctr.	10/20/03	2/4/04	20-Apr		Yes	No	Yes		Yes	Yes	Yes	
	MAJORS	10/20/03	2/4/04	20-Apr		Yes	No	Yes		Yes	Yes	Yes	
Pitt	Juvenile Detention	10/17/03	1/20/04	12-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/13/03	1/16/04	12-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Roanoke-Chowan	Multi-Purpose GH	10/21/03	1/19/04	19-Apr		No	Yes	Yes		No	Yes	Yes	
Rockingham	MAJORS	10/17/03	1/23/04	20-Apr		Yes	No	Yes		Yes	Yes	Yes	
Sandhills	Juvenile Detention	10/20/03	1/16/04	19-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	Youth Develop. Ctr.	10/20/03	1/16/04	19-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/20/03	1/16/04	19-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
SE Center	Juvenile Detention	10/13/03	1/16/04	16-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
SE Regional	Multi-Purpose GH	10/16/03	1/14/04	16-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
Tideland	MAJORS	10/14/03	1/7/04	20-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
V-G-F-W	Youth Develop. Ctr.	2/2/03	2/2/04	19-Apr		Yes	No	Yes		Yes	Yes	Yes	
Wake	Juvenile Detention	10/20/03	1/16/04	19-Apr		Yes	Yes	Yes		Yes	Yes	Yes	
	MAJORS	10/20/03	1/16/04	19-Apr		Yes	Yes	Yes		Yes	Yes	Yes	

* Report revisions are designated in **bold and italics** and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section-Quality Management to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634-G, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of CPM Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The CPM Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office by the 20th of the month following the end of the quarter.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2003-2004 Performance for the period of July 1, 2003 through June 30, 2004 are as follows:

Report Quarter: <u>1st</u>	Report Period: <u>07/01/03 – 9/30/03</u>	Due Date: <u>10/20/03</u>
Report Quarter: <u>2nd</u>	Report Period: <u>10/01/03 – 12/31/03</u>	Due Date: <u>01/20/04</u>
Report Quarter: <u>3rd</u>	Report Period: <u>01/01/04– 03/31/04</u>	Due Date: <u>04/20/04</u>
Report Quarter: <u>4th</u>	Report Period: <u>04/01/03 – 06/30/04</u>	Due Date: <u>07/20/04</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie Qadura** at (919) 715-3604 not later than by 5:00 pm on the due date, with verbal confirmation by the program with **Terrie Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section-Quality Management if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the Community Policy Management Section-Quality Management with full data for all applicable report sections.

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Fiscal Management 2 - TANF/Work First Initiative Reports

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	14 or 100%	11 or 79%	14 or 100%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	0 or 0%	3 or 21%	0 or 0%	
Blue Ridge	100%	0%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	0%	100%	
Cumberland	100%	100%	100%	
Davidson	NA	NA	NA	No QSAP hired
Durham	100%	100%	100%	
Eastpointe (Wayne)	100%	0%	100%	
Edgecombe-Nash	NA	NA	NA	No QSAP hired
Johnston	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Wake	100%	100%	100%	

I. Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 715-2774.

II. SFY 03-04 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2003 - September 30, 2003

Due Date: October 20, 2003

Quarter 2: Report Period: October 1, 2003 - December 31, 2003

Due Date: January 20, 2004

Quarter 3: Report Period: January 1, 2004 - March 31, 2004

Due Date: April 20, 2004

Quarter 4: Report Period: April 1, 2004 - June 30, 2004

Due Date: July 20, 2004

III. Description of SAS Review Summary of Area Program Compliance with Division SFY 03-04

Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%. Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%. Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the CPM Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 715-3604 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-0696 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%

Corrective Action Required of Area Program

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Community Policy Management Section by April 29, 2004. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 715-2774.

IV. Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

**Accountability 1
Alamance-Caswell**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			03/31/2004	No data submission to the CDW for Quarter 1 (July, Aug & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			03/31/2004	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004	02/24/2004		02/24/2004	Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Due to the conversion process of facility codes at Alamance-Caswell their data is incomplete. Received some data for January.

**Accountability 1
Albemarle**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/01/2004	99% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				86% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03.

**Accountability 1
Blue Ridge**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			03/04/2004	No data submission to the CDW for Quarter 2 (December).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				64% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Due to conversion process for Blue-Ridge, Trend, Rutherford-Polk to Western Highlands their data is incomplete.

Accountability 1
Catawba

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1
CenterPoint**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				71% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				73% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1 Crossroads

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	03/01/2004		02/10/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004	03/01/2004			Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004	03/22/2004		03/22/2004	Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.

Accountability 1 Crossroads

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

**Accountability 1
Cumberland**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			02/18/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Davidson**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Davidson Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			Facility is now closed.	47% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

**Accountability 1
Durham**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/01/2004	96% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				78% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1 EastPointe

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			03/31/2004	No data submission to the CDW for Quarter 2 (Duplin-Sampson-Lenoir - Nov. & Dec.)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			03/31/2004	Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 EastPointe

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			03/31/2004	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				81% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Diagnoses Exceeds 10% (Principal).

**Accountability 1
Edgecombe-Nash**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003	09/15/2003			No data submission to the CDW for Quarter 1.
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004	04/02/2004			No data submission to the CDW for Quarter 2 (Oct., Nov. & Dec.).
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Due to the computer changes at Edgecombe-Nash their data is incomplete.
				03/01/2004			Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Foothills

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Required Data Fields Exceeds 10% (Ability to Pay & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			02/10/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal)

Accountability 1 Foothills

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Required Data Fields Exceeds 10% (Ability to Pay, Education Level, Employment Status & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Required Data Fields Exceeds 10% (Education Level, Employment Status & EAP Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Diagnoses Exceeds 10% (Principal).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1
Foothills**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				No data submission to the CDW for Quarter 3 (February).

**Accountability 1
Guilford**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	02/26/2004			73% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				78% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

**Accountability 1
Johnston**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
						03/31/2004	No data submission to the CDW for Quarter 2 (Duplin-Sampson-Lenoir - Nov. & Dec.)

**Accountability 1
Lee-Harnett**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			02/20/2004	97% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (for August & September) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission for facility code 13101 to the CDW for Quarter 1 (Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				Due to the computer changes at Edgecombe-Nash their data is incomplete.

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				40% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Required Data Fields Exceeds 10% (Competency Status).

**Accountability 1
Neuse**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (Sept.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission to the CDW for Quarter 1 (Sept.).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	03/22/2004			56% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
New River**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				

**Accountability 1
Onslow**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				85% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Orange-Person-Chatham**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission to the CDW for Quarter 1 (July, Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			03/31/2004	No data submission to the CDW for Quarter 2 (October, November & December).

**Accountability 1
Orange-Person-Chatham**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

Accountability 1 Pathways

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	03/01/2004			73% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Piedmont

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				70% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

Accountability 1 Piedmont

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				33% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Diagnoses Exceeds 10% (Principal & Primary).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				43% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.

**Accountability 1
Pitt**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/01/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Randolph

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (December).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/01/2004	97% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				54% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/01/2004				No data submission to the CDW for Quarter 3 (January, February & March).

Accountability 1 RiverStone

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Required Data Fields Exceeds 10% (Ability to Pay).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Required Data Fields Exceeds 10% (Ability to Pay & Competancy Status).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Required Data Fields Exceeds 10% (Competancy Status & Ability to Pay).

Accountability 1 RiverStone

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Diagnoses Exceeds 10% (Principal & Primary).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				82% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				No data submission to the CDW for Quarter 3 (March).

**Accountability 1
Roanoke-Chowan**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1
Rockingham**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	02/25/2004		03/04/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004	03/05/2004		03/05/2004	Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				76% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1
Rutherford-Polk

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			To be merged with Western Highlands	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			To be merged with Western Highlands	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			To be merged with Western Highlands	29% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004			To be merged with Western Highlands	Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			To be merged with Western Highlands	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

Accountability 1
Rutherford-Polk

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004			To be merged with Western Highlands	No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004			To be merged with Western Highlands	0% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004			To be merged with Western Highlands	Due to conversion process for Blue-Ridge, Trend, Rutherford-Polk to Western Highlands their data is incomplete.

**Accountability 1
Sandhills**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/04/2004	94% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/01/2004				83% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			03/04/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004			03/01/2004	Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/02/2004				52% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				82% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.

**Accountability 1
Southeastern Center**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	02/27/2004		03/04/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Southeastern Regional**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	03/01/2004		03/04/2004	98% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/02/2004				80% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1 Tideland

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	06/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted with 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004	04/05/2004			16% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004	04/05/2004			Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

**Accountability 1
Tideland**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				58% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.

Accountability 1 Trend

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			Closed in December, 2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			Closed in December, 2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	No data submission to the CDW for Quarter 2 (October, November & December). (Trend has been closed and merged with Blue Ridge & Rutherford-Polk)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	72% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	Missing Diagnoses Exceeds 10% (Principal)

Accountability 1 Trend

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004			Closed in December, 2003	No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004			Closed in December, 2003	Due to conversion process for Blue-Ridge, Trend, Rutherford-Polk to Western Highlands their data is incomplete.

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004	Data Operations Branch	03/01/2004				70% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	03/01/2004			03/31/2003	No data submission to the CDW for Quarter 2 (December)
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/02/2004				47% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				64% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.

Accountability 1 Wake

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			02/19/2004	92% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	06/02/2004				29% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	06/02/2004				62% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.

**Accountability 1
Wilson-Greene**

Corrective Actions as of the End of the Third Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

2003-2004 Performance Agreement
First and Second Quarter Report
July 1, 2003 - December 31, 2003

Accountability 2 - Accreditation

Performance Requirement: Maintain accreditation by a nationally recognized accrediting body

Area Program/County	Accreditation Agency	Expiration Date	Maintenance of Accreditation Verified	Remarks
Alamance-Caswell	COA	07/31/2004	Due 2/15/04	
Albemarle	COA	01/31/2005	Due 2/15/04	
Catawba	COA	09/30/2005	Due 2/15/04	
CenterPoint	COA	04/30/2005	Due 2/15/04	
Crossroads	COA	05/31/2005	Due 2/15/04	
Cumberland	COA	07/31/2007	Due 2/15/04	Cumberland Area Program successfully renewed its accreditation with COA. Congratulations!
Davidson	COA	07/31/2005	Due 2/15/04	
Durham	COA	07/31/2005	Due 2/15/04	
Eastpointe	COA	01/31/2005	Due 2/15/04	Due to the merger of Duplin-Sampson-Lenoir Area Program and Wayne County, the COA expiration date has changed.
Edgecombe-Nash	COA	11/30/2005	Due 2/15/04	
Foothills	COA	06/30/2006	Due 2/15/04	
Guilford	COA	07/31/2004	Due 2/15/04	
Johnston	DMHDDSAS	TBD	10/2003 LBP Update received	Johnston's COA accreditation expired on 7/31/03. Its initial certification as a Phase III LME is under review.
Lee-Harnett	COA	10/31/2004	Due 2/15/04	
Mecklenburg	NCQA	09/20/2005	Due 5/23/05	Mecklenburg County has achieved full accreditation as an MBHO. Congratulations!
Neuse	COA	11/30/2004	Due 2/15/04	
New River	COA	06/30/2005	Due 2/15/04	
Onslow	COA	02/28/2005	Due 2/15/04	
Orange-Person-Chatham	COA	12/31/2004	Due 2/15/04	
Pathways	COA	06/30/2005	Due 2/15/04	
Piedmont	COA	07/31/2005	Due 2/15/04	
Pitt	COA	07/31/2006	Due 2/15/04	
Randolph	COA	06/30/2004	Due 2/15/04	
RiverStone	COA	11/30/2005	Due 2/15/04	
Roanoke-Chowan	COA	02/28/2005	Due 2/15/04	
Rockingham	COA	04/30/2005	Due 2/15/04	
Sandhills Center	COA	01/31/2005	Due 2/15/04	Due to the merger of Sandhills Area Program and Randolph County, the COA expiration date has changed.
Smoky Mountain	DMHDDSAS	06/30/2006	10/2003 LBP Update received	Smoky Mountain's COA accreditation expired on 11/30/03. It received its initial LME certification on 7/1/03.
Southeastern Center	COA	02/28/2005	Due 2/15/04	
Southeastern Regional	COA	06/30/2005	Due 2/15/04	
Tideland	COA	05/31/2005	Due 2/15/04	
V-G-F-W	COA	12/31/2005	Due 2/15/04	
Wake	COA	07/31/2005	Due 2/15/04	
Wayne	COA	01/31/2005	Due 2/15/04	
Western Highlands Network	COA	TBD	Due 2/15/04	Due to the merger of Blue Ridge, Rutherford-Polk and Trend Area Programs, COA will determine a new accreditation expiration date.
Wilson-Greene	COA	12/31/2004	Due 2/15/04	

2003-2004 Performance Agreement
Third Quarter Report
January 1, 2004 - March 31, 2004

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of May 3, 2004

Area Program/County	Facility Code	JAN	FEB	MAR	Third Quarter Adm 04	Third Quarter Adm 03	Monthly Average 04	Monthly Average 03
Alamance-Caswell	23051	58	0	0	58	368	19	123
Albemarle	43121	155	135	157	447	480	149	160
Blue Ridge	13021	0	0	0	0	814	0	271
Catawba	13091	185	153	216	554	571	185	190
CenterPoint	23021	290	433	500	1,223	969	408	323
Crossroads	23011	247	301	345	893	922	298	307
Cumberland	33051	214	224	292	730	806	243	269
Davidson	33021	0	0	0	0	411	0	137
EastPointe	43131	148	225	216	589	660	196	220
Durham	23071	75	88	74	237	256	79	85
Edgecombe-Nash	43051	0	0	0	0	533	0	178
Foothills	13051	67	0	141	208	265	69	88
Guilford	23041	409	412	392	1,213	1,591	404	530
Johnston	33071	108	141	201	450	498	150	166
Lee-Harnett	33061	86	101	86	273	286	91	95
Mecklenburg								
Carolina Medic	13101	305	240	300	845	1,103	282	368
Child Dev. Disabilities	13102	385	376	214	975	999	325	333
Neuse	43071	128	106	94	328	283	109	94
New River	13030	144	140	158	442	458	147	153
Onslow	43021	26	56	60	142	417	47	139
Orange-Person-Chatham	23061	110	129	70	309	331	103	110
Pathways	13081	398	439	643	1,480	1,629	493	543
Piedmont	13121	226	215	166	607	293	202	98
Pitt	43091	123	122	171	416	439	139	146
Randolph	33101	0	0	0	0	246	0	82
RiverStone	43061	30	33	0	63	237	21	79
Roanoke-Chowan	43101	82	101	92	275	301	92	100
Rockingham	23031	91	76	118	285	347	95	116
Rutherford-Polk	13061	0	0	0	0	191	0	64
Sandhills	33031	196	200	112	508	743	169	248
SE Center	43011	239	244	224	707	785	236	262
SE Regional	33041	178	134	136	448	324	149	108
Smoky Mountain	13010	261	226	256	743	804	248	268
Tideland	43111	139	143	118	400	449	133	150
Trend	13041	0	0	0	0	323	0	108
V-G-F-W	23081	54	64	12	130	362	43	121
Wake	33081	268	258	189	715	752	238	251
Wilson-Greene	43041	46	77	91	214	274	71	91
TOTAL ADMISSIONS		5,471	5,592	5,844	16,907	21,520	5,636	7,173

Due to the conversion process or computer changes Blue-Ridge, Trend, Rutherford-Polk, Alamance-Caswe and Edgecombe-Nash data is incomplete.

2003-2004 Performance Agreement
Third Quarter Report
January 1, 2004 - March 31, 2004

Accountability 3

Performance Requirement: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 2 (Oct-Dec 2003)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	41%	31%
Albemarle	412	6%	6%
Blue Ridge	102	1%	1%
Catawba	109	1%	1%
CenterPoint	202	6%	4%
Crossroads	201	17%	13%
Cumberland	305	1%	0%
Davidson	302	7%	16%
EastPointe	413	18%	10%
Durham	207	0%	0%
Edgecombe-Nash	405	0%	0%
Foothills	105	88%	8%
Guilford	204	2%	1%
Johnston	307	0%	0%
Lee-Harnett	306	0%	0%
Mecklenburg	110	0%	0%
Neuse	407	6%	6%
New River	103	3%	6%
Onslow	402	4%	4%
Orange-Person-Chatham	206	7%	7%
Pathways	108	7%	4%
Piedmont	112	99%	99%
Pitt	409	3%	3%
Randolph	310	2%	2%
RiverStone	406	36%	33%
Roanoke-Chowan	410	2%	1%
Rockingham	203	0%	0%
Rutherford-Polk	106	37%	36%
Sandhills	303	1%	1%
SE Center	401	2%	3%
SE Regional	304	3%	3%
Smoky Mountain	101	4%	4%
Tideland	411	8%	5%
Trend	104	100%	50%
V-G-F-W	208	3%	3%
Wake	308	1%	1%
Wilson-Greene	404	2%	1%

2003-2004 Performance Agreement
Third Quarter Report
January 1, 2004 - March 31, 2004

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:

Client Data Warehouse(CDW) - Missing Required Fields in the CDW - Not to exceed 10%

Explanation: The following table depicts the percentage of clients admitted during Quarter 2 Oct-Dec 2003 with missing require fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 2.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	1%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%
EastPointe	413	0%	1%	0%	1%	0%	0%	0%
Durham	207	0%	5%	1%	0%	2%	0%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	5%	6%	45%	17%	23%	0%
Guilford	204	0%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	2%	13%	0%	3%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	2%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%
Randolph	310	0%	0%	10%	2%	2%	1%	9%
RiverStone	406	2%	100%	80%	0%	1%	1%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	2%	0%	0%	0%	0%	0%
Trend	104	0%	50%	50%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	1%	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Percentage of Missing Substance Abuse Data Qtr 2 (10-12 2003)

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	21%	43%	43%	43%
Albemarle	412	2%	1%	1%	1%
Blue Ridge	102	60%	9%	9%	9%
Catawba	109	5%	5%	5%	5%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	3%	12%	12%	12%
Cumberland	305	0%	0%	0%	0%
Davidson	302	6%	5%	5%	5%
EastPointe	413	2%	2%	2%	2%
Durham	207	2%	1%	1%	11%
Edgecombe-Nash	405	0%	0%	0%	0%
Foothills	105	84%	65%	65%	65%
Guilford	204	1%	2%	2%	2%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%
Mecklenburg	110	0%	0%	0%	0%
Neuse	407	0%	0%	0%	0%
New River	103	3%	2%	2%	2%
Onslow	402	4%	2%	2%	2%
Orange-Person-Chatham	206	11%	3%	3%	3%
Pathways	108	2%	2%	2%	2%
Piedmont	112	25%	100%	100%	100%
Pitt	409	8%	5%	5%	5%
Randolph	310	9%	7%	7%	7%
RiverStone	406	29%	100%	100%	100%
Roanoke-Chowan	410	1%	1%	1%	1%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	47%	44%	44%	44%
Sandhills	303	3%	1%	1%	1%
SE Center	401	2%	2%	2%	2%
SE Regional	304	6%	8%	8%	8%
Smoky Mountain	101	25%	7%	7%	7%
Tideland	411	1%	0%	0%	0%
Trend	104	100%	0%	0%	0%
V-G-F-W	208	15%	32%	32%	32%
Wake	308	6%	3%	3%	4%
Wilson-Greene	404	1%	2%	2%	2%

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Accountability 3

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW-
Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with unknown values in mandatory data fields.

Percentage Unknown Quarter 2 (Oct-Dec 2003)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	1%	9%	0%	1%
Albemarle	412	0%	1%	1%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	1%	1%	0%	0%
CenterPoint	202	0%	0%	1%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	1%
EastPointe	413	0%	0%	3%	0%	7%
Durham	207	0%	1%	4%	0%	6%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	1%	3%	0%	0%
Guilford	204	0%	0%	2%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	2%	0%	1%
Neuse	407	0%	0%	2%	0%	0%
New River	103	1%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	6%	1%	7%	0%	1%
Pitt	409	0%	1%	0%	0%	3%
Randolph	310	0%	0%	2%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	1%	0%	0%	0%	1%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	0%	2%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	2%	1%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	0%	0%	0%	0%
V-G-F-W	208	0%	1%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:

Client Outcomes Instruments (COI)

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where record number ends in a 3 or a 6.

The following table is a report of initial COIs from 10/1/2003 through 12/31/2003.

1	2	3	4	5	6
Area Program Name	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	40	18	0	45%	45%
Albemarle	73	45	18	62%	86%
Blue Ridge	97	23	7	24%	31%
Catawba	78	76	0	97%	97%
CenterPoint	165	111	9	67%	73%
Crossroads	174	168	0	97%	97%
Cumberland	117	114	3	97%	100%
Davidson	41	11	0	27%	27%
EastPointe	144	116	0	81%	81%
Durham	117	88	3	75%	78%
Edgecombe-Nash	0	0	0	0%	0%
Foothills	42	41	0	98%	98%
Pathways	205	187	0	91%	91%
Guilford	244	153	38	63%	78%
Johnston	75	73	0	97%	97%
Lee-Harnett	56	51	0	91%	91%
Mecklenburg	192	76	0	40%	40%
Neuse	72	64	0	89%	89%
New River	49	47	0	96%	96%
O-P-C	78	68	4	87%	92%
Onslow	42	37	0	88%	88%
Piedmont	101	9	24	9%	33%
Pitt	44	37	4	84%	93%
Randolph	28	15	0	54%	54%
River Stone	34	32	0	94%	94%
Roanoke Chowan	41	38	1	93%	95%
Rockingham	62	47	0	76%	76%
Rutherford-Polk	43	10	0	23%	23%
Sandhills	135	73	39	54%	83%
Smoky Mountain	143	75	0	52%	52%
Southeastern	96	67	22	70%	93%
Southeastern Reg	94	57	18	61%	80%
Tideland	80	0	7	0%	9%
Trend	0	0	0	0%	0%
V-G-F-W	34	8	8	24%	47%
Wake	152	32	12	21%	29%
Wilson-Greene	37	35	0	95%	95%
Statewide Total	3225	2102	217	65%	72%

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Accountability 3 - DD Core Indicators Project

Performance Requirement: Submit timely and complete address labels, consents, and pre-surveys for persons selected to participate in the DD Core Indicators Project surveys.

Explanation: Area Programs/LMEs are to (1) provide address labels for the family or guardian of persons selected for the Family/Guardian and Adult/Family surveys; (2) obtain consents for participation in the Consumer Survey from persons selected to be interviewed; (3) complete the pre-surveys for those persons to be interviewed. Compliance is rated for completeness and timeliness of submission.

Rating:

2 = Adequate. Submission is received on or before the deadline and is at least 95% complete.

1 = Inadequate. Submission is received on time, but is less than 95% complete.

0 = Unacceptable. Submission is received after the deadline or not received at all.

Area/County Program	Received Labels On-Time	Completeness				Rating	Received Pre-surveys On-Time	Completeness				Rating
		No. Received	/	No. Expected	Percent Complete			No. Received	/	No. Expected	Percent Complete	
Alamance-Caswell	No	61	/	61	100%	0	Yes	15	/	15	100%	2
Albemarle	Yes	60	/	60	100%	2	Yes	10	/	10	100%	2
Catawba	Yes	60	/	60	100%	2	Yes	13	/	15	87%	1
CenterPoint	No	33	/	60	55%	0	Yes	16	/	20	80%	1
Crossroads	No	57	/	60	95%	0	Yes	14	/	20	70%	1
Cumberland	Yes	59	/	72	82%	1	Yes	4	/	15	27%	1
Durham	Yes	67	/	68	99%	2	Yes	15	/	15	100%	2
EastPointe	No	171	/	185	92%	0	Yes	24	/	30	80%	1
Edgecombe-Nash	Yes	50	/	60	83%	1	Yes	15	/	15	100%	2
Foothills	Yes	64	/	66	97%	2	Yes	20	/	20	100%	2
Guilford	No	51	/	64	80%	0	No	14	/	30	47%	0
Johnston	No	42	/	60	70%	0	No	7	/	15	47%	0
Lee-Harnett	Yes	58	/	64	91%	1	Yes	15	/	15	100%	2
Mecklenburg	No	54	/	62	87%	0	No	50	/	50	100%	0
Neuse	Yes	63	/	81	78%	1	No	9	/	15	60%	0
New River	No	61	/	61	100%	0	Yes	13	/	15	87%	1
Onslow	Yes	55	/	62	89%	1	Yes	15	/	15	100%	2
Orange-Person-Chatham	Yes	48	/	60	80%	1	Yes	20	/	20	100%	2
Pathways	Yes	57	/	62	92%	1	Yes	29	/	30	97%	2
Piedmont	Yes	60	/	60	100%	2	Yes	22	/	25	88%	1
Pitt	Yes	60	/	60	100%	2	Yes	8	/	10	80%	1
RiverStone	Yes	54	/	60	90%	1	Yes	11	/	15	73%	1
Roanoke-Chowan	Yes	51	/	60	85%	1	Yes	10	/	10	100%	2
Rockingham	Yes	48	/	60	80%	1	Yes	10	/	10	100%	2
Sandhills	No	123	/	132	93%	0	Yes	27	/	30	90%	1
Smoky Mountain	Yes	39	/	64	61%	1	Yes	11	/	15	73%	1
SE Center	Yes	39	/	60	65%	1	Yes	15	/	15	100%	2
SE Regional	Yes	62	/	62	100%	2	Yes	19	/	20	95%	2
Tideland	Yes	57	/	60	95%	2	Yes	15	/	15	100%	2
V-G-F-W	No	60	/	60	100%	0	No	14	/	15	93%	0
Wake	No	62	/	66	94%	0	Yes	20	/	20	100%	2
Western Highland	No	131	/	190	69%	0	No	12	/	45	27%	0
Wilson-Greene	No	20	/	62	32%	0	Yes	12	/	15	80%	1

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Accountability 3 - CTSP Waiting List

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Durham	Yes
Eastpointe	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Western Highlands	Yes
Wilson-Greene	Yes

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Accountability 3 - DD Computerized Database

Performance Requirement: Submit report as required.

Area/County Program	Report Received
Alamance-Caswell	Yes
Albemarle	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Durham	Yes
EastPointe	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	No
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Sandhills	Yes
Smoky Mountain	Yes
SE Center	Yes
SE Regional	Yes
Tideland	Yes
V-G-F-W	Yes
Wake	Yes
Western Highland	No
Wilson-Greene	Yes